



# CITY OF GLOUCESTER

Health Department  
3 Pond Road, City Hall Annex  
Gloucester, Massachusetts 01930  
PHONE: 978-281-9771 · Fax: 978-281-9729  
EMAIL: [healthdept@gloucester-ma.gov](mailto:healthdept@gloucester-ma.gov)  
WEBSITE: [www.ci.gloucester.ma.us](http://www.ci.gloucester.ma.us)



**Public Health**  
Prevent. Promote. Protect.

**Application for Permit for the Sale of Tobacco Products-Renewable annually on July 1<sup>st</sup>**

**FEE: \$150.00** Please make check payable to **City of Gloucester**

**\*\* ANY PAYMENTS RECEIVED AFTER JULY 31<sup>ST</sup> WILL BE SUBJECT TO A \$50 LATE FEE. \*\***

In accordance with the provisions of the Gloucester Board of Health regulations, adopted on March 2, 2009, titled **"Sale of Tobacco Products to Minors Regulations"**, the undersigned hereby applies for a license for the retail sale of tobacco.

1. Full Name of Business: \_\_\_\_\_

2. Business Street Address: \_\_\_\_\_

3. Business Mailing Address: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ 5. Email Address: \_\_\_\_\_

6. If applicant is an individual-full name: \_\_\_\_\_

Residence: \_\_\_\_\_

7. If applicant is a partnership-full name and residence of all partners: \_\_\_\_\_

8. If application is a corporation-State of incorporation: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_ Principal Officer: \_\_\_\_\_

9. Type of Establishment: \_\_\_\_\_

10. Department of Revenue Permit #: \_\_\_\_\_

***Proof of current TOBACCO SALES LICENSE issued by the Massachusetts Department of Revenue MUST be attached before a tobacco sales permit can be issued.***

11. I have read the Gloucester Board of Health Sale of Tobacco Products to Minors Regulations dated March 2, 2009 and declare that I am responsible for instructing any and all employees who will be responsible for tobacco sales regarding both state laws regarding the sale of tobacco and the above mentioned regulations.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

